

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000049935

Entity Name: R. ALAN ANDREWS, P.A.

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1626-C CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

1626-C CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

FEI Number: 27-2862311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDREWS, ROGER A  
1626-C CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D, P  
Name: ANDREWS, ROGER A  
Address: 1626-C CRAWFORDVILLE HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: S, T  
Name: ANDREWS, ROGER A  
Address: 1626-C CRAWFORDVILLE HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R ALAN ANDREWS

PRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date